

APPLICATION FOR CERTIFIED COPY OF KANSAS BIRTH CERTIFICATE
BIRTH CERTIFICATES ARE ON FILE FROM JULY 1, 1911 TO PRESENT
(PLEASE PRINT)

REQUESTOR INFORMATION:

YOUR NAME (PLEASE PRINT) _____

YOUR MAILING ADDRESS _____

CITY STATE ZIP CODE

REASON FOR REQUEST (PLEASE BE SPECIFIC) _____

(We ask this so that we can provide appropriate service for your needs)

YOUR **DAYTIME** TELEPHONE NUMBER _____

YOUR RELATIONSHIP TO PERSON NAMED ON CERTIFICATE (REQUIRED) _____

(SEE REVERSE SIDE FOR ELIGIBILITY REQUIREMENTS)

YOUR SIGNATURE (REQUIRED) _____ TODAY'S DATE _____

CERTIFICATE INFORMATION:

\$15.00 FOR ONE CERTIFIED COPY OR WALLET SIZE AND \$15.00 FOR EACH ADDITIONAL CERTIFIED COPY OR CARD OF THE SAME RECORD

NUMBER OF CERTIFICATES REQUESTED

FEE INFORMATION ON REVERSE SIDE

_____ CERTIFIED COPIES _____ WALLET-SIZE _____ TOTAL FEE
(SEE REVERSE SIDE)

NAME ON CERTIFICATE _____

FIRST

MIDDLE

LAST NAME AT BIRTH

DATE OF BIRTH _____ PRESENT AGE OF THIS PERSON _____ RACE _____
MONTH DAY YEAR

DATE OF DEATH, IF APPLICABLE _____ SEX: M F

PLACE OF BIRTH _____

CITY COUNTY STATE (MUST BE KANSAS) HOSPITAL

MOTHER'S NAME _____ BIRTHPLACE _____

FIRST MIDDLE MAIDEN

FATHER'S NAME _____ BIRTHPLACE _____

FIRST MIDDLE LAST

ADOPTION INFORMATION: IF PERSON NAMED ON CERTIFICATE HAS BEEN **ADOPTED** (SEE REVERSE SIDE)

ADOPTED? YES NO Is request for record before adoption? YES NO

ORIGINAL NAME, IF KNOWN _____

YOU MUST INCLUDE A COPY OF PHOTO ID WITH THIS FORM
OR TWO ALTERNATIVE DOCUMENTS (SEE REVERSE SIDE FOR LIST)

MAILING ADDRESS: KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
OFFICE OF VITAL STATISTICS
1000 SW JACKSON, SUITE 120
TOPEKA, KS 66612-2221
WALK-IN CUSTOMER SERVICE HOURS: 9:00 - 4:00, MONDAY - FRIDAY
OFFICE HOURS: 8:00 - 5:00, MONDAY - FRIDAY, **PHONE (785) 296-1400**
www.kdheks.gov/vital

PLEASE ENCLOSE A BUSINESS SIZE SELF-ADDRESSED STAMPED ENVELOPE.

IDENTIFICATION

ID IS REQUIRED OF PERSON COMPLETING FORM

**Due to identity theft and other fraudulent use of vital records, acceptable ID is limited.
DO NOT send original ID with application**

**YOU MUST PROVIDE A PHOTOCOPY OF A GOVERNMENT (STATE OR FEDERAL) ISSUED PHOTO ID.
THIS CAN BE ISSUED BY THE U.S. OR OTHER COUNTRY OF RESIDENCE.**

ACCEPTABLE IDENTIFICATIONS INCLUDES: (Please include photocopy of front and back)

Photocopy of CURRENT Driver's License

Photocopy of CURRENT Passport or Visa

Photocopy of CURRENT State ID Card

Photocopy of CURRENT Military ID

Temporary drivers' license must have one additional ID submitted with request.

**IF YOU DO NOT HAVE A GOVERNMENT ISSUED PHOTO ID, YOU MUST SEND PHOTOCOPIES OF ANY
TWO OF THE FOLLOWING (MUST BE TWO DIFFERENT FORMS OF ID):**

Social Security Card (must be signed)

Current Utility Bill With Current Address

Bank Statement With Current Address

Current Pay Stub (must include your name, social security

Car Registration or Title With Current address

number plus name and address of business)

FEE INFORMATION

K.A.R. 28-17-6 requires the following fee(s).

The correct fee must be submitted with the request. The fee for certified copies of birth certificates is \$15.00 for one certified copy or wallet size (**see information on cards below**) and \$15.00 for each additional certified copy or card of the same record ordered at the same time. This fee allows a 5-year search of the records, including the year indicated plus two years before and two years after, or you may indicate the consecutive 5-year period you want searched. You may specify more than one 5-year span, but each search cost \$15.00

IF THE CERTIFICATE IS NOT LOCATED, A \$15.00 FEE MUST BE RETAINED FOR THE RECORD SEARCH.

Make checks or money orders payable to **KANSAS VITAL STATISTICS**. For your protection, **do not send cash**.

Fees expire 12 months from the date of the request.

MULTIPLE REQUESTS FOR DIFFERENT RECORDS MAY BE HANDLED AND MAILED SEPARATELY.

WALLET SIZE CARDS

Wallet size cards may **NOT** be acceptable identification for passports, travel, social security, school enrollment or driver's license.

NOTE: The wallet size card does not contain parental information or an embossed seal (contains ink seal only).

ELIGIBILITY

By state law, vital records filed with this office are not open for public inspection and the requestor must meet eligibility requirements -- must be named on the record, an immediate family member, or someone who can provide legal proof the record is necessary for the determination of personal or property rights. [K.S.A. 65-2422d]

If legal guardianship has been established through the courts, please provide copy of guardianship papers.

ADOPTION

When an adoption has occurred, the biological family may not have a legal right to the adoptee's record nor may the adoptee have a legal right to the biological family's records.

WARNING: COPYING, ALTERING, or FRAUDULENT ACTIVITY PROHIBITED

Except as authorized by the Uniform Vital Statistics Act, no person shall prepare or issue any certificate (vital record) which purports to be an original, certified copy or abstract or copy of a certificate [K.S.A. 65-2422d.(g)]. Vital records identity theft related to obtaining certificates or making, counterfeiting, altering, amending any certified copy of a vital record with the intent to sell or obtain for any purpose of deception a certified copy of a vital record is a severity level 8, nonperson felony. [K.S.A. 21-3830a (d) and K.S.A 21-3830a (e)].
